

PUBLIC HEALTH
AND
SOCIAL WELFARE
IN
SWEDEN

AN ACCOUNT OF AN EDUCATIONAL TOUR
MADE BY MEMBERS OF THE WOMEN
PUBLIC HEALTH OFFICERS' ASSOCIATION
19TH MAY—8TH JUNE 1949.

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THE MEMBERS OF THE
WOMEN PUBLIC HEALTH OFFICERS' ASSOCIATION WISH
TO THANK ALL THOSE WHOSE KINDNESS AND COURTESY
ENABLED THEM TO STUDY PUBLIC HEALTH AND SOCIAL
WELFARE IN SWEDEN UNDER SUCH PLEASANT CON-
DITIONS.

SPECIAL THANKS ARE DUE TO
DOCTOR AXEL HÖJER
DIRECTOR-GENERAL OF THE ROYAL MEDICAL BOARD
TO
MRS. E. WOLLMER
OF THE ROYAL SOCIAL BOARD AND TO
MR. NORBECK
OF THE SWEDISH INSTITUTE
FOR GIVING SO FREELY OF THEIR TIME AND ARRANGING
SUCH A 'SPLENDID PROGRAMME'.

PROGRAMME

Thursday, May 19th.

Leave London.

Friday, May 20th.

At Sea.

Saturday., May 21st.

Arrival at Stockholm. Met by Mr. Nordbeck, Secretary of the Swedish Institute.

Sunday, May 22nd.

Free.

Monday, May 23rd.

A visit by bus, arranged by the Royal Social Board to Skarvik Tallåsan, an approved school for girls and Lövsta, a home and vocational school for mentally disabled boys. Explanations by Dr. Göte Johnson, Dr. Birger Sjöden and Mr. Perlstam.

Tuesday, May 24th.

A visit to the Southern Hospital, Stockholm.
Lecture by the Secretary, Mr. Witting.

Wednesday, May 25th.

A visit to the State Board of Health.
Address by the Director-General, Dr. Axel Höjer.
Lectures by Dr. Malcom Tottie and Miss Andrell.

Thursday, May 26th.

An excursion to Uppsala as guests of the Swedish Institute.
Guides from the Students' Union.

Friday, May 27th.

Visit to the Children's Care Committee.
Address by the Director, Mr. Wagnsson.
Visit to a Welfare Centre and to Nybodahemmet, an observation home for children, Superintendent, Mrs. Sodersten.
Invitation lunch at the Home.

Saturday, May 28th.

Free.

Sunday, May 29th.

Free.

Monday, May 30th.

Visit to an Advice Bureau organised by the Children's Welfare Committee of the Stockholm City Council.
Tour by bus of new housing estates, council flats and owner-built houses.
Lunch at Restaurant Gondolen as guests of the City Council.

Tuesday, May 31st.

Visit to the Central Tuberculosis Dispensary, and to Elfvik's Convalescent Home at Lidingö.
Accompanied by Miss Fernholm and welcomed by Sister Anna Molander.

Wednesday, June 1st.

Tour of the Town Hall and ascent of the tower as guests of the City Council.
"At Home" at Dr. Hanna Rydh's flat to meet members of the Frederika Bremer Association for women.

Thursday, June 2nd.

Visit to Svalnashemmet, Djurholm, a home for unmarried mothers.
Invitation lunch provided by Sister Claire Sandqvist at the request of the Welfare Board.
Visit to Frederik Een Memorial, a block of flats with a day nursery for unmarried mothers with children.
Sister Maj Ekstrom in charge.
Accompanied all day by Mrs. Heurlin as guide.

Friday, June 3rd.

Visit to the Royal Social Board. Received by Deputy Director Alexanderson.
Lectures by Mrs. Wollmer, Miss Nordstrom, Miss Olsson.
Discussion with Mr. Åman, Mr. Wiklund and Miss Helling of the Temperance Bureau.
Lunch in the staff restaurant, as guests of the Royal Social Board.
Party at the Frälsningarmønsthotell to say Farewell to our Swedish friends.

Saturday, June 4th.

Free.

Sunday, June 5th.

Free.
Depart for Gothenburg on the night train.

Monday, June 6th.

Breakfast as guests of the City of Gothenburg in the station restaurant. Welcomed by Dr. E. Gedda, Mr. O. Gedda and Mr. C. Berg.
A drive by bus through the city to Nylose School accompanied by the Principal Mr. Ture Hulthen as guide.
Visit to Krokängagården, a day nursery youth club and welfare centre.
Lunch at Restaurant Trädgårdsföreningen as guests of the City of Gothenburg.

Tuesday, June 7th.

At Sea.

Wednesday, June 8th.

Arrive London.

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I. THE PUBLIC HEALTH SYSTEM.

In the splendid Council Room of the State Board of Health members of the Women Public Health Officers' Association were graciously received by the Director-General Doctor Axel Höjer, and seated round the table in comfortable committee chairs to listen to a lecture on the work of the Royal Medical Board.

Sweden is a small nation of about seven million people, about one-eighth that of England, and, owing to one hundred and thirty years of peace, ranks high in the promotion of better public health. In the middle ages there was much leprosy; stones left from leper lazarets are still found in the islands in the lakes.

There are now four types of hospitals. (1) a first class regional hospital with special departments for eye, ear, and children is required for a population of 200,000, so every county has one of these hospitals. Doctors have their private hours for consultation at the hospital; there are 4,300 doctors in Sweden, equivalent to 1 in 1,600 population as against 1 in 1,000 in England. Stockholm's population of 700,000 (outer Stockholm 1,000,000) is well served with general, specialised, training and private hospitals. (2) a second class or normal hospital with one intern, one surgeon, one X-ray specialist should be provided for a population of 30 to 50,000. (3) a small district hospital with one surgeon, one physician and 20 to 30 beds and (4) a cottage hospital with less than 20 beds for a small community.

Diagnostic research work on cancer is growing and steadily improving; also in geriatrics. A specialist in infectious diseases in every hospital, with separate rooms for patients in an isolation wing, is aimed at when finances permit. All hospitals are built by the County, grant-aided by the State as required so now it is necessary to keep the balance between County and State control. The County has control locally of doctors, midwives and district nurses and raises its own finance for these. There are about 20 doctors in every 1,000 elected county council representatives.

At present there is a special committee considering legal abortions and birth control. In a recent year with 133,000 births there were 1,000 legal abortions and 6 per 1,000 mothers died through illegal abortions but three of these would have died anyhow from tuberculosis or heart disease. The committee are striving to prevent the other 3 per 1,000 and a government booklet is being printed giving suitable advice on birth control.

Excellent work is done by the Public Health State Institute under the auspices of a Rockefeller committee. The Public Health administration in Sweden includes supervision over sanitary conditions and preventive medicine as well as direct medical care. "Since health control and medical care are closely allied, the combined administration of these two phases of social welfare seems a happy solution in a country as thinly populated as Sweden"

Public Health Nursing.

Lecture by Miss Majsa Andrell.

Public health nursing began in Sweden about 1860 when the Sofiahemmet was the first hospital school to give theoretical training on the lines of Florence Nightingale. By 1900 there were about 200 nurses, deaconesses and parish nurses. In 1920 came State Registration of Nurses and a pension scheme: out of 60 existing nursing schools 24 were found up to the required standard. A state grant was given to every county utilising the services of properly trained nurses approved by the medical Board.

As the district nurse doing combined nursing and health teaching on the district became more and more public health minded, the question arose as to whether she should specialise as in thickly populated urban districts in Denmark or remain doing combined work as in the country districts of Finland, Norway and Sweden, where there is not much home nursing required since most of the patients go into hospital and the number of hospital beds is nearly sufficient.

Since 1938 the district nurse-health visitor must have graduated from an approved school of nursing and have completed the full course of the State College of Public Health Nursing held at the Rockefeller Institute, Stockholm. In addition to her district sick nursing her work in respect of public health is (1) to assist the doctor at the child welfare centre (2) to visit the homes and instruct the parents in child care and hygiene (3) to assist the school doctor in the examination of primary school children (4) to collaborate in parents' meetings giving health talks when possible. (5) to report insanitary home conditions to the County Public Health Board after giving advice to the property owner or tenant on how to remedy their shortcomings; to co-operate with the sanitary inspector. In Stockholm there are also 4 women sanitary inspectors. (6) to take part in the work carried out by the tuberculosis clinics, if required to do so. (7) to keep accurate records of her work.

Each of the 12,000 public health nurses average 3,000 persons on her district and pays about 1,000 visits per year—half of these being nursing cases. She attends about 50 clinics a year, about half being infant welfare sessions. Her salary is 6,000 kronor per annum of which the state pays half. Bicycles, skis and taxis are used as means of transport, fares are refunded and it is proposed to help with car loans in future. A County Supervisor has about 60 nurses under her.

There are also some child welfare nurses who have had children's nursing plus a public health course of 4 months; these are employed in the schools and welfare centres. Refresher courses are being planned for the future: midwives already have them.

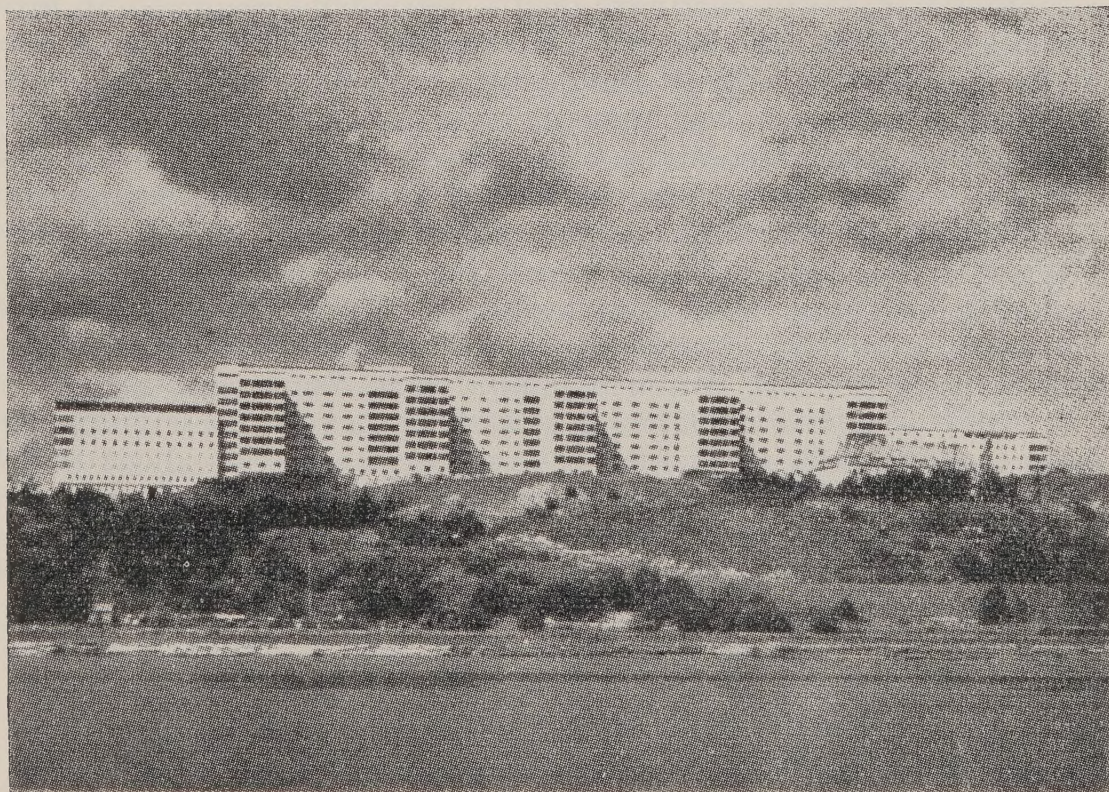
Of the 1,716 registered midwives one is now on the Board of Health! Their training is two years in a recognised state school, but as only 10% of mothers are confined at home, the midwives help in the small country hospitals where they are of more use if they are also trained nurses. So a special 18 months general

nursing course has been arranged making their total training $3\frac{1}{2}$ years. If a 2 year basic nursing training becomes universal, they will in future take midwifery as their special third year subject.

The country midwife pays ante-natal visits, averages 15 deliveries a year and after the confinement visits once a day for the first 7 days then every other day until the 10th day when the public health nurse takes over. In the 900 midwives' districts there are 100 vacancies at present.

In addition to the school work done by the public health nurses there are over 2,000 school nurses whose work comes under the Board of Education. Routine examinations of school children take place when they are 7, 10, and 14 years old and 'control' children have special visits paid to their homes. There is good co-operation with the teachers in respect to mothercraft classes in the schools. The school nurse frequently reads the B.C.G. vaccination results.

Notification and registration of births is also compulsory. The clergy, who are employed by the State are also Registrars of Births and Deaths.



The Southern Hospital

Södersjukhuset.

A gleaming white landmark in the south of Stockholm is the ultra-modern Södersjukhuset or Southern Hospital of which the City is justly proud. In the grounds are a Nurses' Home, a staff restaurant, an After-care department and a house used as a children's hospital which is being connected by an underground tunnel to the main building. The hospital has its own post office and in the spacious entrance hall are florist and stationers shops and a restaurant for visitors.

The party was warmly greeted by the secretary, Mr. Witting, and conducted by lift to the lecture theatre where a most vivid and interesting account of how the hospital was planned, built and run was enjoyed by members. The City of Stockholm had been most generous to the specially appointed committee who had called in experts on a full-time basis: even specialist doctors were paid a full time salary during the weeks they gave their advice.

The total number of beds was arrived at by adding together the average number needed for each illness in each specialist department: i.e. 16 ophthalmic, 32 urinology, 32 orthopaedic, 37 E.N.T. up to a total of 1,600. The German pavilion system was considered a failure in collaboration because each professor became a führer in his own pavilion. Asepsis can be made quite adequate in the block system here with a staff of 100 doctors.

In the X-ray department on the second floor are 20 X-ray cameras. All the films taken are hung up on racks in a special room to be studied daily by all the doctors. A phone call brings any surgeon to this room for immediate consultation when required. The pathological laboratories are placed next to the operating theatres so that the surgeon can have tissues examined during the operation, thus enabling the pathologists to work for the living instead of the dead! The Maternity unit is in a separate block united by corridors to the main building. A reported ghost proved to be an enthusiastic young doctor, whose sister we met, cycling hurriedly in his long white nightshirt to an emergency call.

There is no medical training school but doctors' conferences are held twice a week when the doctors give short talks about their own particular work and hold discussions so that they do not become "expert idiots". Three nurses, three doctors and the architect planned the nursing unit and wards; all functions were considered and full scale models made in ply-wood with real equipment put in. Various types were tried until a standardised one was decided on and became a room unit. Typists acted as model patients. Engineers with stop watches who timed the work of several nurses for three days, found that 1 graduate nurse could deal with 16 patients if there were 2 student nurses and 2 maids to assist. So 32 beds, in 2 or 4 bedded rooms became a ward unit with a Sister, two graduate nurses, four student nurses and four maids. In a 3 bed-depth room the middle bed was found to be unpopular so a 2 bed-depth was tried and found to be only 1% more costly.

The nursing staff work a 5 week period of 240 hours under almost ideal conditions. A questionnaire was sent to every nurse in Sweden asking 'What do you most hate about nursing'? Firstly, "Living in hospital as part of one's salary" said the majority: secondly, "Eating meals sent from the hospital kitchen". So the present staff live out except for an emergency staff of 40 nurses who live in a pleasant house in the grounds in order to be on call to deal with night accidents and emergency operations. Arrangements were made with an outside restaurant to cater for the staff.

Many interesting facts were noted while on a tour of the wards, which face east, west or south, with a solarium at the end of each corridor; utility rooms face north. All beds are on a four wheel trolley and a squad of orderlies wheel the patients in their own beds to the X-ray room or to the spacious toilet rooms; no bedpans are given in the wards. A special room is provided for private conversation when requested and also a smoking room on each floor. Isolation rooms have double doors. Especial note was taken of the patients' lockers, designed by Mr. Victor Carlsson, a carpenter who became a councillor. By an ingenious arrangement of flaps the locker also serves as a dining table or reading desk complete with electric light and bell.

The kitchens, well worth a visit, are all on the top storey with a mezzanine floor to eliminate sound and conceal the pipes. They were designed by a domestic science graduate after she had been sent by the committee to a technical institute for one year's practical study. They are arranged in pairs, with a washing up room with a steel sink unit, in between. An electric trolley is pushed by a porter from the store room to each kitchen at a stated delivery time each day, trolley 8 to kitchen 8. Subsidiary kitchens cater for special diets. Lifts communicate directly to the ward kitchens and the food is sent down in hot containers; it is considered most economical to serve from these the exact amount the patient prefers.

Visiting hours are four times weekly and fathers are allowed in the maternity block from 6-30 to 7-30 p.m. daily. The cost to the patient in an ordinary ward is 4.50 kronor a day for the first week and 3.50 kronor afterwards; in the maternity ward only 1 krona daily. If the patient is insured in one of the mutual sick-benefit societies all costs can be recovered from the insurance company.

II. INFECTIOUS DISEASES.

Lecture by Doctor Malcom Tottie.

Epidemics. Under the Law of Epidemic Diseases the local health officer deals with every infectious disease except that of epidemic hepatitis.

Typhus. The last epidemic was in 1947 when passengers on a steamer from Helsingfors were given harbour water to drink.

Paratyphus. The 1500 cases which occurred in 1942, 1943 and 1944 were traced to imported dried egg powder.

Scarlet Fever. The few yearly cases are treated with penicillin and stay in single rooms in hospital for two instead of six weeks.

Gastro-enteritis. Severe cases average about 30 a year.

Diphtheria. A few cases in 1948 served to encourage immunisation propaganda.

Poliomyelitis. This is now the worst infectious disease, but the death rate has dropped from 20% in 1916 to 10% in 1948. It occurs each autumn and causes local authorities to improve their water supply and sewage disposal after bathing facilities are stopped for visitors during the epidemic! It is necessary to improve ordinary hygiene and think seriously about the milk supply. All milk should be pasteurised unless guaranteed T.T. This sometimes means transporting it 20 kilometres to be done; it is best served in paper cartons.

Epidemic hepatitis is on the increase; stress should be laid on the care needed in sterilising needles and syringes in order to avoid the inoculatory type.

Smallpox. The last death occurred in 1925 but now that the whole world is linked up so quickly by aeroplane, cases are still bound to occur.

Leprosy. Last Xmas one case was diagnosed—a displaced person from Lithuania.

Whooping Cough. Cases must be notified by all doctors who, however, are not paid for doing so.

V.D. In 1812, 100 kronors a year were available for propaganda purposes and in 1827 every sufferer could have treatment in all Swedish hospitals as advised by Linné. Under the present Lex Veneris every one must have treatment either from a private doctor, an out-patient clinic or an ordinary health officer and the bills for the necessary drugs are paid by the Royal Medical Board. Defaulters for treatment can be sent into hospital by the M.O.H. and punished for having intercourse or marrying when in an infectious state. Special social workers help girls who are out of work and therefore more liable to temptation. More hygiene education and also vocational education is to be given in the schools. In 1919 there were about 20,000 cases of gonorrhoea which by the help of penicillin and other drugs has dropped in 1948 to 10,000. The incidence of Syphilis is low. Out of 40,000 pregnant women only 0.5% were infected and out of 17,000 sailors only 2%.

One of the best forms of propaganda is Films. After a gymnastic display a short propaganda film was watched with great inter-

est. Free pamphlets are distributed and effective posters displayed. One well known English poster has been borrowed and the caption changed to the Swedish for "Live with responsibility to the coming family and race." The Swedish equivalent of V.D. is V.S. If a child happens to ask what the letters mean the mother can reply without embarrassment *Vara söt* or *Be nice*.

Tuberculosis.

A very good campaign against tuberculosis since 1880 has caused a steady decrease in the mortality curve with only a slight rise in 1941, the year that the food shortage was worst in Sweden. Death from tuberculosis comes fourth highest, only surpassed by cardio-vascular diseases, tumours and old age diseases. After 1933 the mortality curve is a little higher for country people than for townfolk which seems unusual.

In each of the 24 districts in Sweden there are one or more Central Dispensaries with a TB specialist to examine, free of charge, all persons referred from subsidiary clinics: to conduct systematic campaigns against the disease by testing various population groups: to arrange for mass radiography. Ultimately the Royal Medical Board hope to have every inhabitant examined.

At present Sweden has about 10,000 beds in various types of institutions—hospitals, sanatoria and convalescent homes. This number is sufficient as the length of stay is not so long now. The government decided to build 14 sanatoria pavilions with a total of 700 beds to be used in the first place for tuberculous refugees and later for cases which may be discovered by mass examination and X-ray. Treatment will be free for people without private means.

Since 1940 every doctor is obliged to notify all cases of tuberculosis and patients can have their travelling expenses paid for attending a Central Dispensary for a full examination. A first examination is free for everyone: for further ones, payment is according to a patient's means. Tuberculin tests are made on all contacts and positive results sent for further examination.

All men liable for military service (at about 20 years) are examined by mass radiography and the Swedish National Tuberculosis Association has its own X-ray bus for extensive work in different parts of the country. In every 1,000 persons examined 3 are found to need treatment; these are usually in the older age groups. A special effort has been made at the Association's mass radiography department in Stockholm which was in the first place intended for applicants at employment agencies and labour exchanges, domestic servants, children's nannies etc. By this it is hoped to reach young people in the age groups particularly subject to tuberculosis. The Association's chief source of income comes from the sale of special greeting telegram forms and Christmas and New Year seals.

B.C.G. vaccination, begun in 1937 by Professor Arvid Wallgren, is carried on to a greatly increased extent. All children are vaccinated during their first year at school and also again before

leaving school. Most babies born in hospital are B.C.G. vaccinated during the first fortnight of life and all men liable for military service are offered B.C.G. vaccination.

The National Tuberculosis Association is establishing special institutions for vocational training and re-schooling of the patients only partly fit for work as part of the very necessary after-care treatment.

Stockholm Central Tuberculosis Dispensary.

At the enquiry desk on the ground floor the patients record their attendance before proceeding upstairs to one of the pleasant waiting rooms, each allocated to a particular district at a particular session time. A loud speaker calling the patient's number is the signal to enter a curtained undressing cubicle before passing into the doctor's room. At the time of our visit a class of high school girls about 15 years old were having their B.C.G. vaccinations read by Doctor Henry Thorell, who kindly gave us a very clear explanation and demonstration. All who have a negative reaction after Mantoux tests of both a weak and strong concentration (0.5 or 1.00 milligrams) are B.C.G. vaccinated: boys in the arm and girls in the thigh. The size of the resulting scab is measured in milligrams and noted on the patient's card. The method used was as follows: needle in flame—syringe filled—needle in flame again—enough B.C.G. injected intradermally to make a bubble the size of a farthing. This must be done very slowly and carefully to avoid ulceration; there is no pain afterwards. If the result is negative a second vaccination is given after 2 months. Finally after 8 weeks an X-ray is taken. It was interesting to note the marked difference in definition between a small film costing 4 ore and a 77 mm film costing 40 ore when placed in the Abelema enlarging machine: the latter giving a much better defined picture.

A staff of 25 specially trained nurses assist the doctors in turn at the daily clinics, also at one evening clinic and pay visits to the patient's homes. They wear light grey frocks with white aprons, caps and shoes. If the sputum of a suspected case proves to be negative a gastric lavage is done three days running. In the well-equipped laboratory as many as 40 specimens are examined daily.

A clerical staff of 15 keep up to date a marvellous filing stand in the records department. A demonstration by the Registrar, Miss Gerda Fernholm, herself a trained nurse, showed how very effective it was in finding in a minute, information about any cases notified in the last ten years. The date of birth was first looked up—a blue top to the card meant a private doctor's case, a yellow strip that the patient had attended the dispensary—the serial number was noted and the patient's case sheet fetched from the next room where it hung in a metal case-holder with the serial number clearly marked; new papers to be added were dropped in from the top. Contacts have cards only and are encouraged to attend every three months. Several useful leaflets were noted and

a booklet called "What each sanatorium patient should know", published by the Swedish National Tuberculosis Association.

Elfviks Convalescent Home, Lidingo.

After a pleasant country tram ride with Miss Fernholm as a most instructive guide, the party reached the island of Lidingo and were warmly greeted by Sister Anna Molender, the Matron of a convalescent home for negative sputum TB cases; 34 men from 16 to 60 years. This delightful old manor house dating from 1381, which once had the famous singer Bellman staying here as the guest of Peter Widman in 1775, was brought by the town of Lidingo in 1946, modernized inside and rented to the TB Dispensary. A well-cultivated home farm with 24 cows and numerous chickens provide fresh milk, eggs and vegetables for the patients and a staff. The recreation room, handwork room and dining room all look out over a terraced garden toward the Sound in which the patients are allowed to swim with the doctor's permission.

A large shed on the farm was used as a workshop where useful articles of furniture were being made. The patients come for a period of two months which can be extended to eight months on the doctor's recommendation. We shall long remember the happy atmosphere of this home, the photographer patient who helped take snapshots, the delightful singing of Swedish songs by Sister Anna as we wandered through the woods and lanes.



**Matron and the English Health Visitors at Elfvik's
Convalescent Home, Lidingo, Stockholm.**

III. MATERNITY AND CHILD WELFARE.

The Royal Social Board.

Lecture by Mrs. E. Wollmer, Secretary of the Legislation Bureau.

In Sweden there are three Ministries responsible to Parliament and the Cabinet: (a) the Ministry of Finance; (b) the Ministry for Social Affairs, Labour and Housing; (c) the Ministry of the Interior and Health formed in 1947. The ordinary work of national administration however is done for the most part not in these ministries but by their several Administration Boards. Much of the day to day work of public administration is de-centralised and handled by local government officers and branch agencies.

The Royal Social Board is one of these central administrative boards, subordinate to the Ministry for Social Affairs, Labour and Housing; and in the case of temperance reform to the Ministry of Interior and Health. The higher officials of the Board are nominated by the Ministry and appointed by the Cabinet. The work of the Board falls under three general headings:

- (1) Relations between employers and employees.
- (2) Social Welfare, e.g. poor relief, child welfare, children's allowances, maternity relief, social domestic assistance, housewives' holidays, the care of inebriates and other temperance matters.
- (3) Other questions of an essentially social character: statistics concerning housing, cost of living etc.

The Board has a Director-General and seven members, each one the head of a separate Bureau such as The Child Welfare Bureau (1st Bureau); The Social Welfare Bureau (2nd Bureau); The Legislation Bureau (3rd Bureau) and the Juvenile Care and Schools Bureau (7th Bureau).

In every province in Sweden there is one Child Welfare Assistant (under Bureau 1) who helps the matrons of children's homes to place children in foster homes and supervises all boarded out children. The duties of the English N.S.P.C.C. are carried out in Sweden by the Child Welfare Board who will act on any reports of cruelty or neglect, anonymous or otherwise. Their visitors have the right of entry into any class of home.

In 1947 the Riksdag (Parliament) passed a Bill providing for Child Allowances for all children under the age of 16 years. The allowance is given to the first child also, the idea being to raise the standard of living for every child and not just to encourage an increase in the birth rate.

After answering members' questions and tidying up their ideas in her concise and colourful way Mrs. Wollmer introduced everyone to the Deputy-Director, Herr Alexanderson, the Director-General being at a session of the Labour Court. An invitation to lunch at the Staff Restaurant at the end of the morning was joyfully accepted.

Non-Resident Nurseries and Kindergartens

Lecture by Miss Olsson, of the Royal Social Board.

A section of the Royal Social Board establishes and supervises kindergartens and day nurseries. It also directs the training of the personnel and examines the applications for subsidies to these and the training schools for kindergarten teachers.

Kindergartens. It is considered in Sweden that three hours daily is enough time for children of 4—7 years to be in a group play circle, so they attend kindergartens for that length of time during which they are encouraged to make a definite educational effort. With a child at a kindergarten the mother is better able to organise her daily routine.

Day Nurseries. More married women work outside the home in Sweden than in any other country. More part time work is being arranged but women are still needed in the labour world. Mothers are not encouraged to leave their children before they are one year old and babies under six months are not accepted. A few baby rooms have recently been closed. Playground and gardens are not so frequent or so large as in England; the children would benefit by being out of doors more although they go to the parks sometimes with their nurses.

The children should be arranged in groups and ideally each group should have their own 2 rooms with 3 square metres allowed per child, 1 isolation room, 1 toilet for 5 children and 1 wash bowl for 5 children.

The under 1 group should consist of 2 children in a group.

The 1—2	„	„	„	„	4	„	„	„
The 2—5	„	„	„	„	12	„	„	„
The 5—7	„	„	„	„	15	„	„	„

Children under 3 years exchange their own germs (which accounts for the frequent colds among the tweenies) but not with adults, so the ideal age for nursery children is 3—5 years. Day nurseries cost 7 kronor per head per day and kindergartens 1.50 Kr. Parents pay from 50 öre to 5.50 Kr. according to income. There are over 10,000 children in day nurseries and need for twice the number of places; 15,000 in kindergartens and need for more so that every child can go. The ideal aimed at is 2 staff for each group, half on duty from 6-30—2 p.m. and half from 11—6 p.m., plus 1 cook and 1 cleaner, the latter working mostly after 6 p.m.

Ekensbergsgården.

Down an unusual pram ramp with steps in the centre, the mothers wheel their prams into a cloakroom before putting a child into the day nursery or attending the infant welfare centre. Sister Britta Hagnan the public health nurse is in the office every morning from 8-30 to 10 a.m. when the mothers can obtain advice over the phone or be given an appointment to attend between 1-30 and 4-30 p.m. at one of the bi-weekly doctor's sessions or the non-medical session on Thursday mornings from 10 to 11 a.m. The majority

of mothers in this district attend the welfare centre. Visits are made to their homes only at the request of the mother or in the case of premature or delicate babies at the request of the maternity hospital. The public health nurse wears a white clinic uniform but visits in mufti.

One noticed a useful rail on the waiting room wall on which the mother hung her number-disc when going into doctor's room; model garments, small toys and useful leaflets on the desk in Sister's pleasant room; a small isolation room which also served as a feeding room; ingenious test material, animals stencilled on linen panels, on the walls of Doctor's room; a well-padded examination table; a child's pot stuck on a square of ply-wood with webbing bands to attach it to the wall so that the child remained stationary on it!

From a very interesting talk given by our charming guide, Miss Ina Westling, Supervisor of child welfare centres, the following facts were noted. Records and reports of infants have been kept since 1901 and in rural areas a school hall or a room in the local hospital may be used for a welfare centre. In Stockholm in 1947 there were 39,300 children under school age so that each public health nurse supervised about 600 children; 72% of infants were breast fed for two months and 42% for six months. Prizes of 50 kronor could be given to mothers who continued to feed their babies after two months in difficult cases. The running cost of the child welfare service was about 3,300,000 kronor annually of which the state paid 26%. Vaccination is compulsory before school age and can be done at the centre or by the private doctor. Of all newborn babies 82% attend welfare centres and 65% of expectant mothers attend ante-natal clinics. Fares can be paid when necessary from the mother's home to the nearest clinic; all iron and vitamin preparations are given free.

From 1920 to 1945 the infant mortality rate dropped from 60 to 26.3 per 1,000 births and the following figures for 1947 throw some light on the intensity of the public health supervision in Stockholm.

Babies visited medical officers at centres 5.1 times per annum.

2—7 yrs. ,, ,, ,, ,, ,, 1.4 ,, ,, ,,

Home visits to 0—2 years were 6.2 per annum.

,, ,, 2—7 ,, ,, 1.4 ,, ,,

In the adjoining day nursery a special small room with a circle of stools was set apart as a story-room; it proved very popular among the 4—7 years. Folding beds let down from individual little wall cupboards, musical doorknockers adorned each nursery door and a rubbish shoot on each floor appeared labour saving. On the fourth floor a magnificent club-room was complete with a stage and a piano for dramatic work and lectures and socials were held here in connection with the youth clubs.

“Svalnåshemmet”, Djurholm.

Under the kind guidance of our indefatigable friend Mrs. Heurlin members enjoyed a visit to this Home for Unmarried Mothers, belonging to the Royal Social Board. There are two kinds of these maternity homes in Sweden, (a) Vardhem, where the mother is not obliged to stay for a fixed time but can come and go; (b) Hemskola, where the mother must promise to stay 6 months so that she can breast feed her baby and be taught home-making and child-care. Stockholm has two such Hemskola: the other home takes a few ante-natal girls as well but here at Svalnashemmet among the woods on the lovely island of Djurholm are girls who have previously lived with their parents. Both kinds of homes are government subsidised and Hemskola are free as the mothers have no income.

A maternity grant of 400 kronors is given by the Maternity Assistance Board not in money but in kind to provide necessities for the baby. The Care Visitor tries to get the father to sign an agreement of paternity and payment. If paternity is denied a blood test is taken at 6 months. The money collected from the father is given to the mother at the end of her stay at the home. Pocket money of one kronor daily is given by the Welfare Board or the Mother Help Institute. At the end of her six months' stay the normally developed mother is helped with the difficult task of finding rooms so that she can return to work and place the baby in a day nursery. There are also three blocks of flats in Stockholm with crèches attached for such mothers and babies, but more are needed.

The father can give his name to the child and the birth certificate does not show that the child is illegitimate. A new law is proposed to give illegitimate children equal rights to a share of the property after the father's death.

The 45 Care Visitors who supervise unmarried mothers have warrants giving them right of entry to every class of home: they each supervise about 250 cases and visit until the child is 16 or 18 years old and able to earn its own living. After a divorce where the mother is given the custody of the child, the father can request the Care Visitor to supervise the child's upbringing.

Children's allowances are paid every month to the mother by a postal order to be cashed at the post office, 260 kronor a year, tax free, for all children between 1 and 16 years of age. The authorities provide an Office for Sexual Information equivalent to our Family Planning Clinics.

Sister Claire Sandqvist proudly showed us 15 happy babies asleep in their cots on a sun-balcony. The mothers slept in two-bedded rooms each with a toilet alcove, treasure cots and a babies' dressing table. Each baby wore a cotton vest, a flannelette matinee coat, a napkin put on American fashion and kept in place by a cotton binder with tapes to tie in front—no safety pins were ever allowed to be used in a baby's layette—and then a romper suit knitted in various pale colours, fastened with buttons on the

shoulders and between the legs, a garment very easily knitted by the mothers.

After a walk in the garden full of lovely flowering shrubs, the party much enjoyed a simple well-served meal in the pleasant dining room as guests of the Royal Social Board.

Institution Frederik Een's Memorial.

In 1912, Mr. Frederik Een stipulated in his will that an Institution should be founded for women—divorced, separated, unmarried or widowed with a young child. In 1935, when the capital was sufficient, a block of 45 flatlets complete with a day nursery was built at 9 Polhemsgatan. For these modern flats of one furnished bed-sitting room and a kitchenette the mothers, who work in shops, offices or hospitals pay 40 to 50 kronor monthly, with free hot water, gas and electricity. On weekdays the children stay in a very up-to-date nursery which is open from 6-30 a.m. to 6 p.m., at a cost of 50 öre to 1 krona daily.

When the child goes to school at the age of seven the mother is helped to find other accommodation but fifty-two mothers have already left to be married. If the mother has a second child she must have the first one adopted if she wishes to remain with the second baby.

A roof garden with sandpit, jungleclimber and growing plants provides open air exercise for the toddlers who are also taken to a nearby park in fine weather. Summer holidays of one or two months duration are arranged for them in private homes in the country. Courses in singing, eurhythmics, sewing and book circles are arranged for the mothers and once a month they are invited to an evening entertainment.

Particular note was taken of a two purpose stool with ball-bearing wheels set in the four corners of the wooden seat so that by turning it upside down the child could enjoy a ride in it; a larger stool turned into a trolley with a seat.

The Matron, Miss Maj Ekstrom, who greeted us very cordially, has her own flat on the premises and there is a visiting staff of four teachers, three nurses, four student nurses, one cook, and one housemaid, who work a 48 hour week in various shifts. A doctor visits regularly to examine the children.

Skantulls.

A block of 10 one-room flatlets for women on their own with children was opened here about 18 months ago, with a pleasant day nursery attached. On the ground floor is a nursery for the babies with 6 cots, an isolation room and own kitchen. Upstairs 14 toddlers romp freely in rooms with sound proof ceilings. A charming picture hung on the door, showed a boy and girl saying:—
“My mother knows”—

- (1) That I should not come here if I have a cold.
- (2) That if I can't come she must tell Aunt Sally.
- (3) That I must be here at 8 o'clock.
- (4) That all my clothes must be marked with my name.

Home Help Scheme.

Lecture by Miss Nordstrom at the Royal Social Board.

The Home Help scheme has aroused great interest among all classes and all political parties in Sweden. Local authorities or associations willing to appoint home helps receive financial support from the State up to 1,400 kronor yearly. These home helps take the place of the house-wife in an emergency; confinement cases have first priority then cases of acute illness, death, or absence of the mother in hospital or on an annual holiday. (Free travel is granted once a year to housewives wishing to take a holiday with friends or in one of the holiday homes provided by voluntary associations). The number of home helps available has steadily increased from 500 in 1944 to 2,650 in 1949. Poor families with several children obtain the help free of charge, other families pay according to a scale which decreases according to the number of children.

Candidates for training as home helps are drawn from domestic workers, widows or divorcees; their personal standard must be high, their disposition tranquil and kindly; they must be adaptable and genuinely fond of children. There are two types of training courses. The long course for students between 20 and 30 years of age lasts for 15 to 18 months and is usually held at a domestic science school. All must have some practical experience. Since 1944 over 2,000 women have taken this residential course. A shorter, very intensive 3 month trial course is given to women who have had 5 years previous experience in domestic duties. These students work in groups of 12 to 16 persons and have lectures by a doctor, a nurse, a social worker and a psychologist in first aid, home nursing, nutrition, psychology and citizenship. A housewifery teacher supervises the course all the time and 400 home helps are trained yearly in this manner. When appointed as a home help the long course students wear a uniform consisting of a grey cotton dress with a black overcoat; the short course helps wear a green cotton dress and are to be given a trench coat for outdoor wear.

Home-helps' hours of work are long; in towns approximately from 8 a.m. to 6 p.m. As they must be in the home before the man leaves for work their hours in country districts may be from 6 a.m. to 10 p.m. and they must be able to milk the cows as that is a recognised part of the housewife's job on a farm. Other duties consist of mending, cooking, helping children with their lessons and giving first aid and simple home nursing if required. The salary is now 2,500 kronor yearly with a cost of living bonus of 33 kronor and an increase of 300 kronor after 3 and 6 years satisfactory service. A special bonus is also given to encourage home helps to work in scattered areas in the north of Sweden. A one-room furnished flatlet is provided with free rent, heating, lighting and telephone. Each home help has only one case at a time; if it is necessary to work on Sunday another free day must be given instead. Annual holiday is 20 days, after 10 years service 30 days. A pension will be given at 60 years.

IV. HOUSING.

Owner Built Prefabricated Houses.

“Your own house built with your own hands.”

In a pleasant southwest suburb of Stockholm are thousands of happy families living in their own detached bungalow or one-storied prefabricated house, all with useful cellars and some with garages, the result of each family's own building effort on a site of 400-500 sq. metres. The land is not sold outright but leased for 60 years with priority prolongation of lease, as is always done with land in the garden cities of Stockholm. A gardening advisor is employed by the City to help plant the new gardens and no trees may be cut down without his permission.

The bungalow which the party were privileged to see over had three rooms and a kitchen, for two adults and two children. Of particular envy to English folk was the cellar with a door leading into various sections, a shoe-cleaning room with racks for all the family footwear, a cool pantry, a Finnish bathroom, a carpenter's shop for the master of the house, a washing machine for the housewife and a coal bunker and boiler room for central heating.

To be allowed to build a bungalow certain qualifications are required: income must not exceed 8,000 kr. a year nor be less than 3,000 kronor, the minimum considered necessary to maintain one's own home; registration of citizenship in Stockholm and proof of being a reliable tax-payer. The City “Small Cottage” Bureau makes available all necessary material on the building site, arranges with contractors for such work as laying on gas, water and electricity, maintains instructors to supervise and guide the owner-builder in planning and building the foundations and to attend to the bookkeeping and financial details.

All material is standardised and factory-made in such a way that even unskilled persons can handle it. The walls are supplied in complete sections with doors and window frames inserted; the inside staircases as well as cupboards and wardrobes have only to be set up in appropriate places, the chimneys are of standardised concrete blocks with inset hollow bricks for flues. The entrance steps and balustrade and all metal fittings are ready cast. Even the heating installation can be done by the owner-builder if he can use a wrench to assemble the various component parts.

The value of each three-roomed bungalow is about 18,000 kronor of which 90% represents the loan from the City at 3 % interest and the other 10% the contribution given in labour by the owner. The annual outlay, including all expenditure except fuel, amounts to about 1,200 kronor, an advantageous comparison with the rent of 1,200 kronor usual for a tenement one-room and

kitchenette in the city itself. Buses and trams make it possible to reach the centre of Stockholm in 25 minutes, schools and shops are easily accessible and open spaces provided for games and sport.

At the end of the tour lunch was taken as guests of the City Council at the famous Gondolen Restaurant reached by the Katerina Lift and giving a splendid view over the city of Stockholm.



A street of Owner-built Houses

Hökarängen Housing Estate.

Under the admirable guidance of Mr. Ake Pahlman, a senior member of the City of Stockholm's housing department members enjoyed a tour round one of the latest housing estates with 550 ultra-modern flats nearly complete. A communal laundry catered both for housewives who wished to do their own washing in the modern electric machines at a cost of 50 ore per kilogramme—average housewife did about 60 kilogrammes of washing every third week—and also for those who wished to have it done for them at a charge of one kronor per kilogramme and sent home in a laundry box or suitcase which locked. A special pen was used to mark the clothes and the laundry mark only showed when it was held under an ultra-violet lamp.

In an adjacent building was a Finnish Hot Air Bath with a locker room for clothes. After about 10 minutes in the hot air room at a temperature of 100°C. a cold douche followed. Bathers could hand their clothes through a hatch to the laundry and have them cleaned and pressed while in the Finnish Bath.

The estate had its own row of necessary shops and a children's playground. A working man paid about 20% of his income in rent for one of these modern flats complete with polished wood floor in the lounge, linoleum laid on all other floors, electric refrigerator, gas cooker, central heating, tiled bathroom with clothes airer hanging from the ceiling and enough cupboards to satisfy the most critical housewife.

The rent was assessed at 30 kronor per square metre in the country and 50 kronor per square metre in town. Thus, a four-roomed flat with fitted kitchenette and ventilated larder covering about 80 square metres had a rent of 2,400 kronor per annum. All flats and staircases had double windows and pram lockers were provided in the boiler room. Natural rocks and as many trees as possible were left to make a pleasing garden surround.

A provisional block of flats with three rooms and a combined kitchen-bathroom housed some families temporarily up to three months before they were moved into their permanent flats. One flat was allocated to a doctor and all new housing estates had their own community centre.

On the tour a visit was paid to the Forest Cemetery and Crematorium; cremation is cheap and popular. At the top of the hill by the side of a small lake was a colonnade with a fine piece of sculpture by John Lundqvist, portraying man's upward striving and struggle.

V. EDUCATION.

Skarvik Tallåsen.

Under the guidance of Miss Karin Westergren of the Social Welfare Board and Mrs. Heurlin of the Child Welfare Board an interesting visit by coach was made to Skarvik, a State Boarding School for abnormal and difficult children and young persons under 21 needing medical supervision. Here they receive teaching in ordinary school subjects as well as vocational training. The new girls are placed in SOLAKER, a modern house in a large garden, enclosed by a high wire fence, with rooms for 20 girls who, after sufficient observation by the psychiatrist, Doctor Göte Johnson are drafted on to one of the other three "open houses" according to age groups. Those found to be pregnant are helped to make their own and the babies' clothes, referred to hospital and then go to one of the special mother and baby homes.

The period of training is not determined at the onset, but cases admitted before the age of 18 must be discharged at 21 and those admitted after 18 not later than 3 years after admission but are supervised by a special social worker until they are 25 years.

Each home has a woman psychologist and a house mother. The average stay of the 9 to 15 years is one year; some are referred by their own doctors and some by the police. All crimes committed before the age of 15 are regarded as delinquency and the children cannot be sent to court. School lessons are given from 9 a.m. to 2 p.m. with a half hour break for lunch from 11-30 to 12. All the staircarpets and rugs are home-made of very good design; the girls sleep in one, two or three bedded rooms made cheerful with books and flowers. The tiled bathrooms had three foot baths and a shower.

The older girls are divided into two groups: 15—18 years and 18—21 years and have their own rooms. They also have 25 ore value in goods as daily pocketmoney from the housemother. This is mostly taken as sweets or cigarettes or saved until the housemother arranges a visit to the cinema or a dance or sports as a good conduct reward. About 50% of these girls make good, 26% show improvement but the other 25% usually end up in prison. Training in domestic subjects and hair dressing is given and all bread is homemade and all laundry done at home.

Miss Inga Britt Manson then led the party to a pleasant singing room where an excellent luncheon was served by some of the girls dressed in Quaker grey frocks, mob caps and white fichus fastened with artistic brooches lent by one of the psychiatric social workers for special occasions. Everyone was given a posy of yellow cowslips and blue violas and the flower vases were filled alternatively with blue and yellow or red, white and blue flowers.

Lövsta

This modern "Welfare School for Boys" in delightful grounds overlooking a lake, consists of 5 houses with 7 boys in each, cared for by a housemother and a domestic help. A warm welcome was proffered by psychiatrist Doctor Birger Sjöden, who has devoted the last nine years to this excellent work and the Rector, Mr. Sven Perlstam and his enthusiastic staff of 3 teachers who stay here for 3 years before returning for a spell at an ordinary school.

There is a sick bay with an observation corridor with a Sister-in-Charge and medical examination and treatment rooms. Insulin shock treatment is felt to be rather dangerous, but when necessary intra-muscular injections of Cardiazol are given to induce fear.

The school house had three class-rooms with interesting paintings by the boys on the walls—a science room, a carpenter's shop and a hobby room with a curtain for theatrical use—in fact everything needed to help the boy's self-expression.

Numerous pictures adorned the bedroom walls; especially effective being those of fret-work animals and trees stuck on a card-board background with a frame made of 4 twigs lightly nailed together. A large separate gymnasium building had a Finnish bath and laundry in the cellar.

Coffee and delicious home-made biscuits were served in an old 16th century wooden house, once used as a prisoners' rest house, now modernised into a comfortable home for the staff.

Nybodahemmet.

In 1935 the Child Welfare Board of Stockholm decided to build a new short-stay reception home for children at Nyboda, adjacent to the primary school of Midsommarkransen. Nine buildings, each with a spacious playground and garden were designed by Paul Hedqvist and opened in 1938. The cost was 1,524,000 kronor and the number of beds 229.

The children, who must be between 1 and 16 years come for a one or two months stay—new entrants average 100 a month—but cases found to be abnormal have to remain until a vacancy occurs in a permanent residential home. Children received at Nybodahemmet are (a) those of poor parents during a time of temporary distress at home, such as illness of the mother, (b) children subjected to educational difficulties at home or at school, (c) children believed to be ill-treated or neglected at home—either with or without the parent's consent. The home as well as being a children's hostel serves as an institute for mental observation.

The number of children in each sub-division is about 30 in charge of a trained matron and adequate staff of nursery nurses. The medical officer, a specialist in children's diseases as well as mental hygiene visits daily to examine the children; at regular intervals he holds conferences with the Superintendent, house matrons and kindergarten teachers who inform him of their observations on both the children and also the parents whom they notice carefully on visiting days. Reports are then submitted to the

Child Welfare Board with suggestions for the child's future. Student hospital nurses and child welfare trainees from the "Social Institut" in Stockholm do some of their practical work here.

Of the 1,000 children received in a year about 700 go back to their parents, nearly 300 to foster parents who are paid 75 kronor a month and about 5 are adopted. Children of school age attend the adjoining primary school where the teachers are very co-operative and helpful with their temporary pupils. They soon conform easily to the tradition of keeping their sitting room toys and books neat and tidy and are allowed to read in bed. The under 7 years get 35 ore weekly pocket-money, the 7—10 years 50 öre and the over 10 years one kronor. They are allowed to go to the village shops in twos. On the last Sunday in each month the children go home for the day, on other Sundays they can have visitors. The Scouts help regularly and the Salvation Army hold Sunday school classes. Fête days are suitably kept with picnics, parties, bonfires and fireworks.

During a walk round the Home members were very impressed by the happy, homelike atmosphere and the kind but sensible attitude of the staff. The Superintendent, Mrs. Sodersteen, a keen psychologist with an obvious love for and understanding of young children appeared to have a personal knowledge of all the difficult children. In the observation building was noted a ski for the use of spastics. It had a fixed shoe in the centre, a sand-bag at the rear to weight it and a curved iron handle in front for the child to hold—a kind of scooter without wheels. Large building blocks weighing quite 7 lbs. each made lovely make-believe houses and jig-saw puzzles also helped little folk to learn to count. A daily shower bath avoided any fuss over washing behind ears! A microphone and switchboard in the nightnurses' room in the nursery block enabled the nurse to hear in which room a child might be crying.

After entertaining the members to an excellent lunch, Mrs. Sodersteen was called to greet a party of social workers from Iceland; a very hearty vote of thanks was given to the Royal Social Board and the staff of Nybodahemmet.

CHILD GUIDANCE CLINIC

Interesting accounts of the helpful work of this clinic were given to members in small groups by Dr. Hans Curman, Miss Anna Nordstrom and other members of the staff in their own quiet consulting rooms. The staff consists of 4 Psychiatrists, 2 Psychologists, 8 Psychiatric workers and 1 play therapist: they treat about 1,000 cases yearly and some only need to attend once.

Parents with children's problems can come direct to the clinic for free advice. If the parents prove co-operative the children are given treatment and visits are paid to their homes; the proportion of boys to girls is 2:1. Children between the age of 6 and 7 years can be tested by the psychologist for primary school admission and referred to the psychiatrist if necessary.

Some cases are referred by the public health and school nurses. Diplomatic relations are maintained between the clinic staff and the school teachers, who are asked to give the child extra encouragement at school and if that fails, to permit a transfer to another school. Many problems occur owing to the lack of space in modern flats for a child's normal development.

Juvenile crime cases are referred by the Social Board and the State pays half the salary of each psychiatric social worker.

THE YOUTH PROBLEM

Lecture by Mr. Wagnsson of the Child and Youth Welfare Board.

The Child Welfare Board must carefully supervise the careers of orphans, neglected children and vicious children and help firstly by gentle means to prevent truancy, petty larceny, thefts and sex offences as these are only symptoms and outward signs of something deeper which is the root of the evil. It is not sufficient to treat the symptoms, intervention should begin at an early stage by prevention and correction of psychological maladjustments.

The child becomes a unit in society with adolescent rights but in a few cases the normal machinery breaks down, there is an interruption of emotional ties between the child and its trainer and misunderstandings ensue. Then investigations are made by trained social workers in the Advisory Bureau. The child can be put into a boarding school with or without the parent's permission, to be given a suitable training for after life.

On the prevention side many free activities for youth are arranged by the Community and well supported by the general public. Athletic grounds are provided with special instructors and good equipment. Open Air Baths in summer, Ski trails in winter and holiday camps cater for the 75,000 scouts and 20,000 members of similar associations. The Public Inheritance Fund (a fund into which the money is paid that is left by persons who die intestate without near relatives) is used to support all schemes to improve the health of the young folk. Since 1946 young persons under 18 years of age have been entitled to three weeks holiday with pay; one of these weeks can be taken in winter to enjoy winter sports.

Play centres are open from 5-30—7 p.m. at primary schools and provide classes in woodwork, metalcraft, gymnastics, music, English language, drama and drawing. Children whose mothers work until 6 o'clock can go to a play-home after school hours; these are usually held at the nursery school.

Following the open air activities the young adolescents are encouraged to join a permanent Youth Club, where boys and girls have their own varied classes and activities—including beauty care—and become a mixed gang for dramatics, dances and group visits to the cinema. This relatively new concept, apart from its crime preventive aim, has the more general aim of developing personality and teaching good citizenship, for in the youth of the nation lies the future of the country.

Krokängagården, Gothenburg.

In 1839 the English and Scottish merchants brought the idea of nursery schools to Gothenburg and with great fore-sight founded a Society to help give the children of working mothers and lonely children "day homes" where they could receive loving care and a Christian education. The fees vary from 50 öre to 2 kronor per day and the town pays for the needy families. In this beautiful modern building in a new housing estate is combined a nursery school, day nursery, infant welfare centre and a youth club.

The well-equipped nursery school with its artistic curtains and picture histories on the walls has 30 pupils from 2—7 years, divided into two groups; 15 attend from 9—12 and the others from 2—5 p.m. Stress is laid on the education of character in pre-school years and the prevention of disturbances in the nerves of the children and their parents.

A staircase with two sets of wooden hand-rails to suit toddlers of different heights, leads to the day nursery for about 45 tinies of 1—2 years. On opening a row of cupboard doors, folding beds were revealed which pulled down for the daily rest, the door acting as a shield between each child's bed. A group of trays on the wall were held there by a strong spring finger.

The infant welfare centre with its pleasant airy weighing room and doctor's examination room is one of 22 such welfare centres in Gothenburg, where about 90% of mothers with newborn babies attend for advice from a pediatrician and a public health nurse. At present the welfare centres supervise children up to 5 years of age but later it will be up to school age at 7 years. Dr. Gedda reported that, thanks to these welfare centres there are almost no rickets, no spasmophilia and no grave nutritional disturbance in the infants of Gothenburg. Some sessions are held in school buildings one or two afternoons a week after school hours.

Two large rooms on the top floor provided excellent facilities for a youth club and the scouts had their clubroom and woodwork benches in the basement.

Nylose School, Gothenburg.

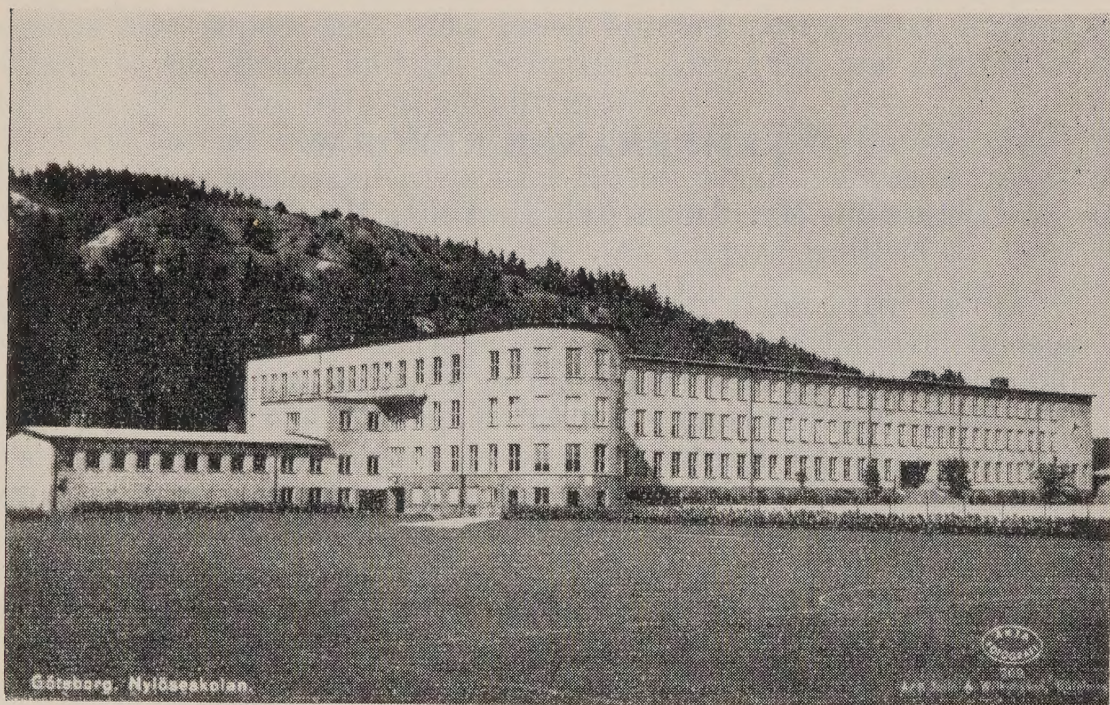
At the foot of a wooded hillside in a suburb of Gothenburg stands a magnificent modern, primary school, built in 1941 at a cost of 1.8 millions kronor, for 750 boys and girls from 7—15 years. Although it was Whit Monday, a school holiday, the Principal, Mr. Ture Hulthen with four women teachers and seven girl pupils very kindly showed us over the school and its practical botanical garden where shrubs, vegetables, herbs and medicinal plants afford practical lessons in gardening, botany and culinary effects. Large playing fields and a well-equipped gymnasium provide for ample sports.

In the airy classrooms leading off corridors with three quarter tiled walls was displayed an excellent exhibition of needlecraft, fine threadwork and handmade lace on babies' layettes and girls' frocks made by the girls themselves. There was a complete flat of three rooms for housewifery practice and a large kitchen equipped with three types of stoves heated by wood, gas or electricity. We learnt that on free choice afternoons boys were often to be found in the cookery room and girls in the carpenter's shop!

A large dining room in the centre block served 225 children at a time with meals cooked in the school kitchens and served through large pantry hatches. Menus were well varied and provided all the children with a vitamin-correct lunch. Of particular interest was the medical inspection unit consisting of a waiting room, nurse's room and doctor's examination room. Every pupil is examined at least three times during schooldays. On a higher floor, shut off by soundproof walls and doors were three dental rooms where after a yearly examination, extractions, fillings and corrections cost the pupils' parents only one kronor: treatment being free if necessary. Three visiting dentists attended to four schools.

On the third floor was a special classroom with a large open air balcony where delicate children had their lessons and daily rest. When necessary these children passed on to a real open air school for 60 children about 25 miles away. A school care committee functioned when necessary but at present there was very little unemployment among the parents and the children's teeth were suffering from too many sweets due to too much pocket money!

During a very pleasant interval for delicious homemade refreshments, seven of the girls very sweetly sang English and Swedish folk songs; English is now the first foreign language taught in all the schools. Much applause followed the principal's speech of welcome, in which he reminded everyone that all the world must still battle against evil although the soul of the people was changing for good and the whole world was better now for Winston Churchill's effort against the Hitler idea.



Nylose School, Gothenburg



Free lunches for all school children are gradually being introduced

TEMPERANCE REFORM

Lecture by Mr. Aman (6th Bureau), Mr. Wiklund and Miss Helling.

From 1913 until 1938 Sweden has been making and revising special laws for the treatment of inebriates. The first aim is to prevent the social evils which spring from alcoholic abuse and for this reason drunkards may be treated against their will; the second aim is to cure the drunkard. In nearly every community there is a Temperance Board with at least one woman member on it to carry out the legislation. Whenever notice of an habitual drunkard is given to the Board, the offender is interviewed, put under supervision on several days of the week and his home visited. The summons to attend a meeting of the Board is compulsory, most cases come but otherwise the police bring them.

Action can be taken if only one of the following indications are present—in most cases there are several.

- (1) If the drunkard is a danger to himself.
- (2) If he exposes his family to want or distress.
- (3) If he becomes an encumbrance to the parish, his family or others.
- (4) Is incapable of looking after himself.
- (5) Is an annoyance to his neighbours.
- (6) Has several previous convictions.
- (7) Lives itinerantly without settled address.

Voluntary workers are usually employed but the large towns have paid supervisors. If supervision produces insufficient results, inebriates are interned for various lengths of stay in an open asylum where they work on the farm as a method of treatment, together with a complete cutting off of liquor and psychotherapy treatment. For the first time the average stay is three months and the maximum one year; two years for a second conviction and four years in an enclosed asylum after a third conviction. The application for forcible internment is made by the Board to the County Governor and must be accompanied by a report and a doctor's certificate. The Governor's order can be relaxed before the time is up, somewhat in the manner of an English probation order, but can be re-applied at any moment with the help of the police.

In certain mild cases of crime the prosecutor is allowed to ask for the person to be treated as an inebriate and brought before the Temperance Board instead of a Court. Persons unable to pay fines for drunkardness are ordered temperance supervision or internment to avoid short useless terms of imprisonment.

There are under fifty women in the asylums but the cocktail habit is becoming dangerous. Unfortunately there is plenty of drink about; the licencing laws permit four litres of brandy to be

bought per month. 1948 was a crisis year in which over 16,000 persons were supervised. The Free Churches give a great amount of help to the Board and the Salvation Army run one asylum of their own with the help of a State grant.

Two special clinics have been opened in Stockholm where there is also a successful Inebriates Hostel where inebriates can be made to pass their leisure hours under supervision while they continue their normal daily occupation and support their wives and families. Home care is also given by reliable farmers who are paid for employing, lodging and giving a wage to suitable cases.

The preventative tablets prescribed by the doctors are the Danish make *Antabus* and the Swedish make *Abstinyl*.

VI. MISCELLANEOUS.

Dr. Hanna Rydh's 'At Home'.

Members greatly appreciated the opportunity given by Dr. Hanna Rydh at a delightful tea-party in her own flat to meet many outstanding Swedish women, among them being Mrs. Elsa Eweilof, M.P., Mrs. Signe Hanschen, vice-president of the F.B.F., Mrs. Vera Bjorlingson, general secretary, Dr. Gunner Planting, high school principal, Mrs. Ellen Hagen, president of the Swedish womens' organisation for citizenship. Professor Nanna Svartz of the Karolina hospital, Mrs. Elsa Himmelstrand from S. India and Mrs. Brita Vieweg.

Dr. Hanna Rydh, President of the Frederika Bremer Forbundet, explained that this association founded in 1884 was named after the first woman in Sweden who fought for women's rights. It has been active in promoting: The Women's Suffrage Law (Swedish women won the vote in 1918); The Sex Disqualification Removal Act, 1919; which gave women the same right as men to public service; The Principle of Equal Pay, 1925, 1937. Independent of political parties, it aims to make women realise their duties as responsible citizens and facilitates their training for various professions by giving scholarships to suitable young women. It founded the first Bureau for Nurses 1902, to provide them with posts as private or hospital nurses or in social work.

The monthly journal *HERTHA* spreads information among members and links them with congenial women in every part of the world. Swedish women want to do their part in making international co-operation a living link in their daily lives. The idea of giving wives a salary was rejected, wife and husband should stand side by side having the same rights and duties, each having a personal allowance besides the wife's housekeeping allowance. An unmarried woman should have the same social position as a married woman.

Uppsala.

On Ascension Day, a public holiday in Sweden, an interesting visit to the ancient university town of Uppsala as guests of the Swedish Institute will long be remembered. With three charming and energetic guides from the Student's Union, members visited the old Castle with its bell that rings 150 times at 6 a.m. and 9 p.m., the University and the most beautiful 13th century Cathedral, before going on by bus to Old Uppsala to see the burial grounds of the ancient kings and queens and a typical old farmstead. At the famous Odin's Conditorei mead was served in silver-rimmed buffalo horns and proficiency in quaffing it was soon attained!



Castle and Cathedral, Uppsala



View of Stockholm from the Town Hall Tower

Radkuset or Town Hall.

A very enjoyable morning was spent in Stockholm's famous town Hall as guests of the City Council. A lift up the tower enabled everyone to enjoy a splendid view of the historical buildings, churches and magnificent bridges linking the wooded islands, all of which make Stockholm such a beautiful city.

Göteborg.

After sleeping—more or less—in berths on the night train from Stockholm to Göteborg, the party greatly appreciated the kind thought of the City Council who had arranged an invitation breakfast in the station restaurant at 8 a.m. Here, Doctor E. Gedda, Senior Medical Officer for Child Welfare and Schools with his son Mr. O. Gedda and Mr. Gunnulf Berg both under-secretaries to the provincial government, welcomed members to Göteborg and outlined the day's programme. After being joined by Mr. Ture Hulthén, a councillor for 21 years, a bus arrived to take everyone on a comprehensive tour of this beautiful city and its pleasant environs. Milles' bronze statue of Poseidon and fish, the moat around the old city and port, tree-lined avenues and wide squares, the view from Masthugget over the harbour to the sea shared by the fisherman's wife on her tall memorial column remain a vivid memory.

At the end of the public health programme the party greatly enjoyed a formal lunch at the famous Restaurant Trädgårdsföreningen as guests of the City of Göteborg. Members were delighted to be shown the correct procedure of the Swedish custom SKAL and were able to reply, by request, in Gaelic, Erse, Welsh and English. Our kind hosts completed a perfect day by seeing that everyone arrived safely and in good time on board the Saga.

Conclusion

Free time activities were particularly varied and enjoyable. Some members were entertained at the airport by one of the directors after viewing Stockholm from the air during a quarter-of-an-hour's trip in an aeroplane; some were privileged to see the Swedish King taking his daily drive in the lovely grounds of Drottningholm Castle, where they visited the 17th century royal theatre with its interesting collection of old prints, period dresses and Greek statuary. Others spent happy hours in the picture galleries and museums, cruising among the islands on sunny evenings, watching folk-dancing or listening to an orchestral concert in Skansen, while one and all enjoyed to the full many gastronomic adventures in the marvellous restaurants.

Happy memories will ever remain of windows full of flowering plants, colourful reflections of beautiful buildings in the deep blue waters of the lakes, the general high standard of cleanliness and above all the warm welcome and sincere friendship proffered us in Stockholm and Göteborg.

M. DEAN

